

**MDCH**  
**Family Planning Clinics Database**  
**January 2014**

<b>HCPCS Code</b>	<b>Short Description</b>	<b>HCPCS Action Code</b>	<b>Maximum Fee</b>	<b>Comments</b>
11976	Remove Contraceptive Capsule		\$73.48	
11981	Insert Drug Implant Device		\$65.37	
55250	Removal Of Sperm Duct(s)		\$297.91	Consent/Cert. Form Required
57170	Fitting Of Diaphragm/Cap		\$49.52	
58300	Insert Intrauterine Device		\$50.50	
58301	Remove Intrauterine Device		\$54.27	
80048	Metabolic Panel Total Ca		\$9.63	
80076	Hepatic Function Panel		\$9.30	
81000	Urinalysis Nonauto W/Scope		\$3.60	
81001	Urinalysis Auto W/Scope		\$3.60	
81002	Urinalysis Nonauto W/O Scope		\$2.91	
81003	Urinalysis Auto W/O Scope		\$2.56	
81015	Microscopic Exam Of Urine		\$3.46	
81025	Urine Pregnancy Test		\$7.20	
82465	Assay Bld/Serum Cholesterol		\$4.95	
82947	Assay Glucose Blood Quant		\$4.46	
82948	Reagent Strip/Blood Glucose		\$3.60	
84703	Chorionic Gonadotropin Assay		\$8.55	
85013	Spun Microhematocrit		\$2.70	
85014	Hematocrit		\$2.70	
85018	Hemoglobin		\$2.70	
85660	Rbc Sickle Cell Test		\$6.28	
86701	HIV-1 Antibody		\$10.11	
86702	HIV-2 Antibody		\$15.38	
86703	HIV-1/HIV-2 1 Result Antibody		\$15.61	
87070	Culture Othr Specimn Aerobic		\$9.80	
87075	Culture Bacteria Except Blood		\$10.77	
87077	Culture Aerobic Identify		\$9.20	
87081	Culture Screen Only		\$7.55	
87110	Culture Chlamydia		\$22.30	
87205	Smear Gram Stain		\$4.86	
87207	Smear Special Stain		\$6.82	
87210	Smear Wet Mount Saline/Ink		\$4.86	
87270	Chlamydia Trachomatis Ag If		\$13.65	
87274	Herpes Simplex 1 Ag If		\$13.65	
87320	Chylmd Trach Ag Eia		\$13.65	
87340	Hepatitis B Surface Ag Eia		\$11.76	
96372	Ther/Proph/Diag Inj Sc/Im		\$11.49	
99201	Office/Outpatient Visit New		\$19.20	
99202	Office/Outpatient Visit New		\$34.07	
99203	Office/Outpatient Visit New		\$50.71	
99204	Office/Outpatient Visit New		\$71.70	
99205	Office/Outpatient Visit New		\$91.12	
99211	Office/Outpatient Visit Est		\$11.29	
99212	Office/Outpatient Visit Est		\$20.20	
99213	Office/Outpatient Visit Est		\$28.19	
99214	Office/Outpatient Visit Est		\$43.18	
99215	Office/Outpatient Visit Est		\$62.79	
99383	Prev Visit New Age 5-11		\$91.46	
99384	Prev Visit New Age 12-17		\$99.37	
99385	Prev Visit New Age 18-39		\$99.37	

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99386	Prev Visit New Age 40-64		\$117.10	
99387	Init Pm E/M New Pat 65+ Yrs		\$126.92	
99393	Prev Visit Est Age 5-11		\$72.79	
99394	Prev Visit Est Age 12-17		\$80.39	
99395	Prev Visit Est Age 18-39		\$81.34	
99396	Prev Visit Est Age 40-64		\$89.89	
99397	Per Pm Reeval Est Pat 65+ Yr		\$99.06	
A4266	Diaphragm		\$18.50	
A4267	Male Condom		\$0.06	
A4268	Female Condom		\$0.68	
A4269	Spermicide		\$4.95	
J0696	Ceftriaxone Sodium Injection		\$0.77	
J1050	Medroxyprogesterone Acetate		\$0.20	
J7300	Intraut Copper Contraceptive		\$225.00	
J7301	Skyla 13.5mg	A	\$510.00	
J7302	Levonorgestrel IU Contracept		\$359.17	
J7303	Contraceptive Vaginal Ring		\$24.42	
J7304	Contraceptive Hormone Patch	P	\$35.44	
J7307	Etonogestrel Implant System		\$435.15	
Q0090	Skyla 13.5Mg	D	M	
Q0144	Azithromycin Dihydrate, Oral		\$15.05	
S4989	Contracept IUD		\$87.80	
S4993	Contraceptive Pill For Bc		\$12.50	

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